

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-044746

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 211

Primary Registration District No. 4324 Registrar's No. 51-63

FILED NOV 27 1963

VS 300
Rev. 4/59

1 0660

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Miller		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Maries	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Tuscumbia		Length of stay in 1b 2 days	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Humphreys Hospital		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) Harvey Alexander Palmer		4. DATE OF DEATH Month November Day 16, Year 1963	
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 12-28-1879
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Teacher & Farmer		11. BIRTHPLACE (City and state or country) Maries Co., Mo.	
13a. FATHER'S NAME Harvey Knox Palmer		13b. MOTHER'S MAIDEN NAME Mary Olive Lawson	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of No		17. INFORMANT John L. Marrow Tavern Rt., Dixon, Mo.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Lobar Pneumonia - Congestive heart failure 2 wks. Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c)			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			
PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour a.m. Month, Day, Year	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE		
21. I attended the deceased from 11/14/63 to 11/16/63 and last saw him alive on 11/16/63 Death occurred at 3:10 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE M. E. Humphreys (Degree or title)		22b. ADDRESS Tuscumbia, Missouri	
22c. DATE SIGNED 11/20/63		22d. LOCATION (City, town, or county) (State) Maries County, Mo.	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 11-19-1963	23c. NAME OF CEMETERY OR CREMATORY Lawson Cemetery	
24. FUNERAL DIRECTOR Scrivner-Stevinson Iberia, Mo.		25. DATE RECD. BY LOCAL REG. 11-21-1963	
26. REGISTRAR'S SIGNATURE Mrs. D. E. Kallenboch			

USE BLACK INK
OR
TYPEWRITER RIBBON

DEC 2 - 1963

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Jay A. Stevenson

Licensed Embalmer No. 5201

P. O. Address Shelton, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.